



## PURCHASE ORDER FORM

Please print or type.

Date Requested: \_\_\_\_\_ PI: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Radiation Safety Officer Approval: \_\_\_\_\_ Study: \_\_\_\_\_

### BILL TO:

EBIRE  
P. O. Box 2339  
Martinez, CA 94553-0233  
Phone: (925) 372-2363 FAX: (925) 372-2561

### SHIP TO:

EBIRE  
150 Muir Road, 151-I  
(Research Bldg. 4, Room 4A)  
Martinez, CA 94553

Catalog Number	Description	Qty	Unit Price*	Total
Subtotal				
Tax				
Shipping/Handling				
Total				

\*I certify that a minimum of 3  
sources have been contacted  
for competitive pricing on each  
item over \$1,500.  
(PI initial)

Vendor: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_

Date Required: \_\_\_\_\_ Shipping: ☐ Overnight\* ☐ 2-Day\* ☐ Standard

\*Additional charges may apply for expedited shipping.

Special handling/immediate delivery required. Reason: \_\_\_\_\_

### INTERNAL USE ONLY

VENDOR ACCT#: \_\_\_\_\_ CONTACT: \_\_\_\_\_ ACTUAL: \$ \_\_\_\_\_

ORDER DATE: \_\_\_\_\_ BY: \_\_\_\_\_ EST. DELIVERY DATE: \_\_\_\_\_ ACCT#: \_\_\_\_\_

VENDOR REF. #: \_\_\_\_\_ REIMB: ☐ MAIL ☐ HOLD PO#: \_\_\_\_\_

(REV. 03.06.00)